LOS ANGELES COUNTY
COMMISSION ON HIV HEALTH SERVICES (CHHS)

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COMMISSION MEETING

Minutes

February 13, 2003

Approved 3/13/03

MEMBERS PRESENT	Michael White Bear Claws	**OTHERS PRESENT**	**OAPP STAFF PRESENT**
Al Ballesteros, *Co-Chair*	Fariba Younai	Alicia K. Avalos	Robert Fish
Nettie DeAugustine, *Co-Chair*	Rodolfo Zamudio	Trista Bingham	Gisela Kunstler
Carla Bailey		Jordan Blaza	Jane Nachazel
Carrie Broadus	**MEMBERS ABSENT**	James Boyd	Gabriel Rodriguez
Robert Butler	Adrian Aguilar	Gordon Bunch	Martha Teresa Ruiz
John Caranto	Nancy Eugenio (E)	Julie Coveney	Rene Seidel
Genevieve Clavreul	Alexander Gonzales (E)	Michelle Fidler	Anna Soto
Richard Corian	Charles Henry (E)	Thomas Halstead	Craig Vincent-Jones
Richard Eastman	Rebecca Johnson-Heath (E)	Jennifer Karcher	Juhua Wu
Whitney Engeran III	Wilbert Jordan	Maxine Liggins	
Gunther Freehill	Mary Lucey	Luis Lopez	
Richard Hamilton	Alexis Rivera	Victor Mortina	
Marc Haupert	Vanessa Talamantes	Ruben Munoz	
Howard Jacobs	Kevin Van Vreede (E)	Sergio Navarro	
Marcy Kaplan	Chris Wade	Kay Ostberg	
Bradley Land/Dean Page		Jane Price-Wallace	
Mike Lewis		Daniel Rivas	
Anna Long		Sergio Romero	
Andrew Ma		Walt Senterfitt	
Elizabeth Marte		Fontaine Shockley	
Edric Mendia		James Stewart	
Hernan Molina		Kathy Watt	
Vicky Ortega		Patricia Woody	
John Palomo			
Chris Perry			
Dana Pierce-Hedge			
Maria Robles			
Paul Scott/Richard Hamilton			
Tom West			

AGENDA ITEM	DISCUSSION	ACTION TAKEN
I. Call To Order	Mr. Ballesteros called the meeting to order at 9:45 a.m. Self-introductions were made. Mr. Ballesteros reminded Commissioners to sign out at the staff desk if they needed to leave early. He requested that people speak into their microphones, starting with their names, to assist staff in writing minutes.	
	Mr. Ballesteros then called attention to the Form 700 distributed with the packets. He noted it was the form required annually of all appointed members of County bodies. He added it could be sent directly to the address on the form. The due date is April 1st.	
II. Approval of Agenda	Mr. Ballesteros asked if there was any opposition to the agenda. There being none, the agenda was moved by consensus.	**MOTION #1**: Approval of the agenda ***(Passed by consensus)***.
III. Approval of Meeting Minutes	Dr. Clavreul asked why Commissioners were still not receiving minutes in advance of the meeting. Mr. Vincent-Jones, HRSA Grants Manager, responded that the minutes had only been finished the day before. Dr. Clavreul said that did not meet HRSA guidelines. Ms. DeAugustine, Co-Chair, commented that staff was trying to meet deadlines given their vacancies and that patience was warranted.	
	Mr. Ballesteros asked if there were any objection to addressing approval of the minutes after the recess to provide more time for people to review them. There being no objection, approval of the minutes was moved to after the recess by consensus.	**MOTION #2:** Move approval of the January 9, 2003 Minutes to after the recess ***(Passed by consensus)*.**
IV. Parliamentarian Training	Mr. Stewart said there were a few items from the previous meeting:	
	• Once an agenda has been moved, motions contained on it do not have to be moved again. Instead, discussion can be opened directly and a vote taken pursuant to it.	
	• Regarding discussion of Public Comment items, it was not appropriate to engage in a dialogue with presenters. If a question of internal process was raised by a presenter, the Commission may discuss that process amongst themselves.	
	• "So moved," is not an acceptable mode of expression. Anyone making a motion must state the full motion clearly to ensure there are no misunderstandings as to its nature.	
	• He noted that "Summary Reports" had been changed to "Meeting Minutes", the more appropriate term.	
	Mr. Page asked if Public Comments had to refer to Agenda Items or could be on any subject. Mr. Stewart replied that if a person had been called to comment on a particular agenda item, then the speaker must limit comments to that item. However, he added, Public Comment on a	

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	non-agenda subject could address anything subject to the jurisdiction of the Commission.	
	Ms. Broadus asked if a Consent Calendar could be included on the Agenda, allowing items on the Consent Calendar to be approved, without discussion, when the agenda is approved. Mr. Stewart replied that currently the Commission was not using a Consent Calendar, though the body could if it wished to do so. He said a calendar was ordinarily used for items that were routine and agreed upon in advance or items that would not normally entail discussion. The items are voted on as a block. He noted that, to date, he had not noticed a need for the Commission to have a Consent Calendar, but would raise the subject if he felt it would be useful. Ms. Broadus asked for examples of things he would find appropriate to include on such a calendar. He replied it was used for matters of routine business other than minutes. For example, he noted the County and City both used it for approving contracts that had already gone through a process such that approval would be perfunctory.	
	Ms. Kaplan noted that when speaking of Public Comment, Mr. Stewart had said that issues besides Agenda Items could be anything under the jurisdiction of the Commission. She went on to say that probably half of Public Comment presentations concern issues of general interest to service providers and people making decisions that affect HIV service delivery, but that are not actually under Commission jurisdiction. Mr. Stewart replied relevance of a speaker's material is determined by judgment of the Commission. If a Commissioner feels comments are not under Commission jurisdiction, s/he can make a Point of Order to that effect. The Commission would then vote on whether or not to hear the speaker. Ms. Kaplan said she felt the Commission was one of the few places such subjects could be raised and it was important to maintain that outlet. Mr. Stewart said the technical rule stated "under the jurisdiction of the Commission." The Commission was free, he said, to interpret the rule as it saw fit.	
V. Public Comment	Jordan Blaza, Asian-Pacific Intervention Team (APAIT), announced the Second Annual Quest For The Cover Pageant. The Pageant, she said was a transgender event jointly sponsored by APAIT and GirlTalk magazine to be held Saturday, April 12th, at the El Ray Theater.	
	The goal of the event, Ms. Blaza continued, was to encourage development and advancement of the transgender community. This year's specific goals, she added, were to increase the number of transgender role models, to promote community organizing and unification, and to raise the level of self-acceptance and self-esteem among transgendered	

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	individuals. The key requirement for candidates is involvement with a community-based organization, a social organization or an AIDS service provider.	
	The winner will be on the cover of GirlTalk magazine. Last year's winner, she said, was Alexis Rivera of Children's Hospital Los Angeles. In her magazine interview, Ms. Rivera discussed issues she was advocating for within the community as well as her work at Children's Hospital and services provided there. Ms. Blaza encouraged organizations to support candidates. She distributed flyers with contact information and applications.	
VI. Recess	It was agreed to defer the first Recess.	
VII. OAPP Report	Mr. Freehill began by conveying the apologies of Charles Henry, OAPP Director, for his absence due to a family emergency.	
	Turning to the Federal budget, Mr. Freehill reported that it was still in a state of flux. The overall budget, he noted, has remained in "continuous resolution" status since October 2002 (the Federal budget year started on October 1st). At the present time, he continued, the impact on HIV/AIDS appeared to be comparatively slight, but could change.	
	Federal agencies were in a quandary under such circumstances, since they needed to make funding commitments to their contractors but had no approved budget from which to work. HRSA decided to give each of the 51 Title I jurisdictions 37% of their Year 12 allocation to fund the first four months of Year 13 (the Title I year starting on March 1st). Adjustments would be made in the allocations of the remaining eight months based on the completed Federal budget, changes in the formula, and scoring of the applications. Mr. Freehill said overall increases for the CARE Act were modest at best. ADAP had so far done the best, he added.	
	The Minority AIDS Initiative (MAI) was also a matter of concern, he said. MAI was not a piece of legislation that would automatically receive authorized funding, he pointed out, but a freestanding program that must have funds appropriated for it each year. Because of its separate nature, he continued, MAI was not on a regular cycle. There was a move by the Senate—in particular Senator Kennedy—to ensure that MAI was specifically funded, but the move failed. The next step in the process, Mr. Freehill went on, was for resolution of differences between the House and Senate versions of the budget. Following that, the budget would go to the President for signature. It appeared there were people looking out for the MAI budget during this process, he said, but that was all that was known.	

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	Mr. Freehill stated that those with an interest in budget issues and/or Congressional contacts should look at what they might be able to do. He said this budget environment was very volatile and negotiations behind closed doors were fast and hard. This was the time to weigh in.	
	Mr. Butler asked if the 5-7% increases that had been discussed in the news media pertained to the funds currently under the continuing resolution. Mr. Freehill noted that one Federal budget should have started on October 1st. That was the one with the continuing resolution. The discussions Mr. Butler was referring to pertained to the Federal budget that was supposed to start on October 1, 2003. A common interpretation of the President's proposal to increase HIV/AIDS funding was that he was proposing increased funding for the 2003-2004 budget to signal friends and foes that he would be willing for funding to be increased in the 2002-2003 budget.	
	Mr. Freehill then called attention to the CARE contracts memorandum and attachments presented to Health Deputies at their February 12th meeting. He noted that the 149 CARE contracts were due for renewal. These required specific Board action and included County contracts to continue current services. In introducing the attachments, he noted that the Commission treated Title I and Title II funds as one grant while for contract purposes they were treated separately. That caused various categories to reflect slightly different spending percentages, he said.	
	Attachment I of the document reflected combined Title I and II expenditures to date on contracts that would be ending in February (Title I) or March (Title II). It compared allocations to expenditures for the overall Title I/II Program. When contracting these services, he added, it was assumed that need would exceed grant funding and so Net County Cost (NCC) funds were also identified. The overall expenditures were close to $41M. The first asterisk details Commission priorities for underspending. The second asterisk detailed how funds were transferred from NCC and other sources to absorb funding shortfalls.	
	Mr. Ballesteros asked for clarification of the Planning Council Support line item. Mr. Freehill replied that, while about $1.1M (2.8% of the award) was allocated, only about $700T (1.8%) had been spent. The underspent funds would be allocated per Commission priorities, with the first 5% going to Program Support and remaining funds allocated to Outpatient Medical Services, Hospice Services, Transportation Services and Case Management-Psychosocial Services as needed.	
	Ms. Broadus asked if Total Actual Estimated Expenditures was based on contracts awarded or if it included contractors who spent beyond their	

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	budget. Mr. Freehill replied that it was now the twelfth month for Title I contracts and the eleventh for Title II. Some figures used reflected actual expenditures, while some reflected a longer year and/or incomplete invoices. "Total Expenditures" was the combined figure of all invoices paid and estimates for the remaining months.	
	Ms. Broadus asked if contractors who went overbudget were tracked. Mr. Freehill stated that County contracts had a fixed budget ceiling. He added that in the course of managing the grant, some underspending had always been assumed. In the past, he said, underspending had reached 10-20%. However, today's providers were managing their grants better, resulting in more complete expenditure of contracted funds. That being the case, there was less leeway in shifting funds. Currently, he noted, more reliance had been placed on NCC funds to meet flexibility needs. Even so, he said flexibility had decreased.	
	Ms. Broadus stated that her concern was to ensure appropriate monitoring to improve planning accuracy. That would result in less need to shift funds later, she said. Mr. Freehil noted that, as funding of last resort, the CARE Act assumed some shifting in order to take best advantage of funding from other sources. Ms. DeAugustine contributed that a trend analysis might be helpful in addressing the concern Ms. Broadus had framed. It was generally agreed that such an analysis could identify categories with endemic problems.	
	Attachment II was a spreadsheet of all Title I and II contracts, Mr. Freehill continued. It provided an overview of how each grant had been administered over the past year and, in some cases, two years.	
	He called special attention to the last page of the attachment which summarized contract monitoring activities. He noted columns for 2001-2002 and 2002-2003 program monitoring, as well as for a Plan Of Corrective Action (POCA) if needed to correct any significant problems found during monitoring.	
	There were also columns for Administrative Reviews, which ensured agencies had all documents on file needed to document agency legitimacy. These would include information about boards of directors and insurance. He noted that area of monitoring was relatively new.	
	Quality Management (QM) plans were also monitored. Mr. Freehill pointed out that the reauthorized CARE Act had increased QM emphasis. For the first time this year, he said, QM monitoring had been implemented in contracts for all service categories. The concept itself, he added, was relatively new to some agencies since in the past it had applied primarily to clinical services.	

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	Columns also tracked various past due reports. "Past Due" generally meant about 90 days. Among those reports was the federally required annual audited financial statement. Normally those were submitted about nine months after the end of an agency's fiscal year.	
	Cost reports were done for each program. They reconciled actual costs with what was charged by the contract. Sometimes, Mr. Freehill noted, there was a discrepancy. For example, a contract that used fee-for-service may not align exactly, though discrepancies tended to be small. Based on the Cost Reports and/or Financial Statements, Mr. Freehill added, providers were occasionally required to return funds.	
	Mr. Freehill stated that 83% of contracts were monitored last year. A full 100% of contracts were expected to be monitored this year. By comparison, he pointed out, a 1998 audit found that OAPP had monitored 5% of the 1996-1997 contracts. He noted staff workloads had increased by 15 to 20 times to achieve these levels. It was, he stated, a striking accomplishment.	
	Mr. Molina complimented the report. He suggested that it could better support informed decisions if there was tracking of agencies that historically underperformed in a particular area.	
	Mr. Freehill first noted that a distinction should be made between financial and programmatic underperformance. The monitoring primarily evaluated the former, which might or might not reflect programmatic quality. He also cautioned that programmatic problems were not always addressed by decreasing funds. Sometimes more funding was needed due to the difficulty of the service, start-up time or other factors. Beyond that, Mr. Freehill cautioned that HRSA specifically prohibited Planning Councils to become involved in reviewing individual contracts.	
	Ms. Broadus suggested it was important to be aware of the application of such developed programmatic information. The Standards Of Care Committee had been charged with developing standards. If those standards were not followed, then an explanation would be needed. To a large extent, she said, that explanation would be due the BOS as they approved all contracts and thus had ultimate responsibility for them.	
	Dr. Clavreul asked if the QM tool was available. Mr. Freehill said he did not have a copy at the meeting but would note the request.	
	Marcy Kaplan suggested it would be helpful to include a column of total allocations for each category.	
	Attachment IV, Mr. Freehill continued, was a contract comparison grid by SPA of 2002-2003 funding to 2003-2004 funding. In most cases, he noted, substantial progress had been made in more closely aligning	

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	funding to the geographic estimate of need also displayed on the grid. He said it should be noted that geographic estimate of need continually shifts so that realignments would always be required. He noted that the August 14th Board Report detailed the substantial changes to outpatient medical fund allocations, a key area of funding.	
	Mr. Page asked why some SPAs received higher funding than was estimated to be necessary. Mr. Freehill replied there were multiple reasons for discrepancies, some remaining from prior decisions made with less accurate need estimates, some viable and some not. The goal was to bring estimated need and funding into closer proximity over time. He referred people to the August 14th Board Report for a detailed review by service category. Even so, he added, no SPA received all the funding it could utilize because of funding limitations.	
	Mr. Page asked about client options when local services were limited. Mr. Freehill pointed out that less densely populated SPAs received more transportation funds to assist clients in accessing services. That maximized access at affordable cost, he said.	
	Mr. Ballesteros asked if the need estimate took into account those who might not be coming in for service. Mr. Freehill said the Board Report analysis examined both where clients lived and where they were served.	
	Attachment V, Mr. Freehill went on, provided a comparison of Title I funds allocated locally and nationally by service category. The HRSA website provided details for other jurisdictions, he added, though there were some errors on it.	
	Attachment VI highlighted allocation points. Mr. Freehill noted that Los Angeles allocated 49.5% of funds for outpatient medical services, a greater percentage than any other of the 51 EMAs and about two-and-a-half times the national average. Six other EMAs allocated a higher proportion to the Health Care Services summary category that included outpatient medical care, Mr. Freehill noted, but each spent a significant proportion (up to 43.7%) of Title I funds on AIDS drugs. In California, he said, years of hard work had built a system to provide AIDS drugs through State and Federal funds augmented by pharmaceutical rebates. Consequently, California EMAs used little or no Title I funds for drugs, Mr. Freehill said. By the same token, he noted, the Support Services category at 12.45% was about one-half the national average due to the higher medical services funding. Mr. Page asked if that meant that California ADAP funding was secure. Mr. Freehill said the situation in Los Angeles was serious, but not as critical as in other parts of the country.	

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	The 3% budgeted for Planning Council Support was about three-fourths of the 3.9% national average. It was also lower than all California EMAs excepting San Francisco. Estimated Year 12 actual expenditures were 1.99%.	
	Program Support, similarly, was budgeted for 1.8%, Mr. Freehill continued, slightly less than the national average of 1.9%. More than eleven-twelfths of Program Support funds (92.2% or $1,348,512) were allocated to support service providers, with the remainder used to support OAPP staff responsible for Program Support activities.	
	While the Commission anticipated an increase in Planning Council Support of up to 5%, Mr. Freehill said, OAPP estimated actual Year 12 expenditures would be 3.67%	
	Funds allocated to Quality Management at 2.1% was again lower than the national average, Mr. Freehill noted. Actual expenditures estimated by OAPP for this category were 1.39%.	
	Attachment VII identified services identified for re-solicitation in 2003, 2004 and 2005, Mr. Freehill said. The plan for re-solicitation of services was also detailed in the August 14th Board Report. Some services, Mr. Freehill noted, required the development of rate reviews to identify the actual cost of providing services. That information was used to inform the solicitation process. Rate reviews had been requested from the Auditor-Controller for residential services, substance abuse services and outpatient medical services. The Auditor-Controller had not yet acted upon the rate review request, Mr. Freehill continued, so solicitation for proposals concerning the affected services has been moved further down the list than would otherwise be the case.	
	A clarification was requested of the first item listed for solicitation in 2003, Removal of Barriers to HIV/AIDS Care Services – Child Care. Mr. Freehill replied that the Continuum of Care identified Removal of Barriers to HIV/AIDS Care Services as a priority. Child Care, he said, was an service category within that category. Title I funding can be used to pay for child care, he noted, but only when it was used to ensure the capability of the HIV+ caregiver to access Care Services.	
	Mr. Lewis recommended that the report be referred to the Finance Committee to inform their work in developing funding recommendations. He suggested that the Committee specifically be asked to look at the questions raised about inequities in geographic distribution as well as evaluating over- or under-spending in categories on a long-term basis. It was generally agreed that would be helpful.	
	Mr. Freehill added that the June 2002 Bi-Annual Summary of Pediatric	

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	HIV/AIDS cases in Los Angeles County was included at the end of the report to the Health Deputies.	
	Ms. Broadus said she found the report especially helpful in the way information was tied to the HRSA application. She said she felt that linkage fostered understanding of the importance of the application and the partnership roles of the Commission and the administrative mechanism in bringing funding to Los Angeles County.	
VI. Recess (deferred from earlier)	A ten-minute recess was taken.	
II. Approval of Meeting Minutes (deferred from earlier)	Mr. Ballesteros returned the January 9, 2003 Meeting Minutes to the table. He asked if there were any questions or edits.	
	Mr. Molina thanked Jane Nachazel for the long hours she had contributed to provide accurate and detailed meeting minutes and services to the Commission. He also thanked Craig Vincent-Jones for his commitment and all the OAPP staff for their support. The group applauded staff's work.	
	Dr. Clavreul noted a correction to the minutes in attendance. She said she had been at the meeting, but was listed as absent. Mr. Ballesteros responded that she had been ruled absent since she had left shortly after the meeting began and was not present for any of the votes. She replied that the meeting had not started on time. She said she would like more effort directed to meetings starting as posted. Mr. Page noted that some people, like him, travel over an hour to reach the meeting and sometimes traffic holds them up. Ms. DeAugustine asked if there were any objection to the minutes being approved.	**MOTION #3:** Approval of January 9, 2003 Minutes ***(Passed: 25 Ayes, 1 Opposed, 3 Abstentions)*.**
VIII. State Office of AIDS Report	Ms. Pierce-Hedge noted that the trailer bill (the Governor's Budget) to accompany budget cuts had not been finalized. She said there were people at the State Capitol working on both this year's bill and the bill for the year beginning July 1st. She acknowledged Commission interest in a presentation on MediCal, a program whose funding was in flux. She said Ruth Davis, who would shortly be filling the Commission's MediCal seat, was best qualified to address that.	
• State Budget Cuts	Ms. Pierce-Hedge assured the Commission that scenarios were being run for all suggested cuts for ADAP and CareHIP (insurance) to identify impacts. She said, as the Commission was aware, ADAP co-pays had been discussed. While ADAP has not been affected in the past, she pointed out, the current level of State cuts would affect all programs. The current ADAP co-pay suggestion would require those with a 2001 income of 201-300% of the poverty level (above $26,580) to pay $30 per prescription. For those with a 2001 income of 301-400% of the poverty	

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	level (up to $35,440) the co-pay would be $45 per prescription. And for those with a 2001 income up to $50,000 the co-pay would be $50 per prescription. She had heard there could be a meeting the next day at the Governor's Office to discuss co-pay proposals.	
	Regarding ADAP, she said, about 2,000 clients are added per year. The expense has gone up about $20 million. The State had been doing finance letters to address the increasing cost. About $68 million came from the General Fund last year, she said. Neither Federal funding nor the Governor's approach to ADAP had been finalized as yet. All that could be said with certainty, she added, was that funding would be insufficient for the need.	
	Both Mr. Molina and Mr. Page pointed out that, particularly for those needing multiple medications, $30 per medication would be prohibitive. Ms. Pierce-Hedge noted that California has never had to use co-pays before and no one wants them. State staff constantly run various budget drills, including things like closing community-based care sites.	
	Mr. Page asked what people could do to help. She pointed out that, as State staff, she could only do so much publicly. Others, however, could be, and should be, activists who work with any contacts they have. She noted that things often develop outside formal channels and then come forward already formed. She felt it was important for those who could do so to participate in the discussions at as early a stage as possible.	
	She pointed out that every other year ADAP has been held harmless, despite budget problems. Prevention, by comparison, was cut last year and anticipated additional cuts this year. The formulary, too, was generous, supporting 147 drugs. During a past lean fiscal period, reducing the number of drugs covered was considered, she said, as an alternative to co-pays. However, cutting all drugs except antiretrovirals, she said, would have resulted in insufficient savings of $12.5 million. Some jurisdictions, she continued, had called for information on the possibility of paying the co-pays with Title I funds.	
	Ms. Marte asked if everyone would be affected by co-pays. Under 200% of the federal poverty guideline, Ms. Pierce-Hedge replied, there would be no co-pay. In addition, many people not meeting the income levels for co-pays would be on MediCal or other types of assistance.	
	Ms. Pierce-Hedge added that there had been other suggestions at various times. These had included changing the income level or the criteria. Overall, however, California has had a much more generous program than many other states. She said she had been to states that had only three drugs on their formularies or had up to 2,000 people on a	

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	waiting list. She advised that when the state was in a fiscal crisis, as it was now, it was unrealistic to expect to be held harmless again.	
	Mr. Butler said most people like him, who are under the 200% of federal poverty level, get MediCare. Even so, long-term AIDS survivors like him often have trouble getting approval from the Department of Social Services for MediCal based on that AIDS diagnosis. How can the Commission educate those who would benefit from being on MediCal in light of the proposed co-pays, he asked. He said it might be necessary to allocate some Title I funds to ADAP to ensure coverage. He also noted that many PWH/As take drugs other than antiretrovirals. These issues needed to be addressed, he emphasized.	
	Mr. Ballesteros pointed out that the discussion was about what was proposed for the California budget. Just because it was being proposed, he noted, did not mean it would be enacted. He added that the Governor, not Ms. Pierce-Hedge, would make the final decisions. The Commission's role was to develop a strategy to moderate the impact.	
	Mr. Engeran commented that, while difficult, it was clear that under current circumstances, some means of addressing the shortfall would need to be enacted. He felt the Commission should choose its battles on AIDS funding with the Governor very carefully. Because co-pays were on a sliding scale, as opposed to cutting the formulary or a simple cut-off, they might provide the most benefit to the most people.	
	Mr. Molina stated he would like a motion making this a priority and directing Joint Public Policy, which he co-chaired, to coordinate a campaign. He felt most people could not meet basic living expenses if their drugs cost that much. Mr. Molina offered a motion to that effect.	
	Howard Jacobs felt there were other budget cuts that the Joint Public Policy Committee should also be addressing. For example, he noted there were proposed cuts to prevention and to the UARP. Mr. Ballesteros asked if he would like the motion to include strategy for all the budget issues. Mr. Jacobs agreed. Mr. Ballesteros asked Mr. Stewart the appropriate means to indicate the broader view in the motion. Mr. Stewart felt the motion could be considered to encompass all the activities the Commission would want to do in relation to budget cuts as they relate to services.	
	Ms. Broadus said she was a new member of the Joint Public Policy (JPP) Committee. It was her view that one of the Committee charges was already to do that kind of activity. She felt it was redundant for the Commission to charge the Committee with something it already did. Meanwhile, time was being spent on the subject and the State represen-	

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	tative, Ms. Broadus believed, had not concluded her report.	
	Ms. DeAugustine said she felt the Commission understood the JPP role and that the Committee would address the subject without the motion. She still felt, however, that motion raised the level of public awareness quickly to the Board of Supervisors, Health Deputies and others. Ms. Broadus stated that how to raise the subject to the Board and others should inherently be part of the strategy for the JPP to develop and present to the Commission for approval.	
	Mr. Freehill offered information on the differences between how ADAP worked in Los Angeles versus other parts of the State. There were roughly 8,500 beneficiaries in the three jurisdictions of Los Angeles County, he said. There was a larger proportion of people below the poverty level than statewide. About half of Los Angeles County clients would not be affected by the imposition of co-pays because they would fall below the 200% of federal poverty level. That would be helpful in accessing drugs for the poor. On the other hand, many clients were also undocumented residents who would not qualify for MediCal. The numbers of poor and the numbers of undocumented residents set Los Angeles County apart from the rest of the State, he said.	
	Another aspect of the problem, Mr. Freehill continued, was that of drug prices. Often the State paid a different price for the same drug when provided through ADAP versus MediCal. Significant funds could be saved if pharmaceutical companies were persuaded to offer drugs at the same best price regardless of drug program. Currently, Mr. Freehill explained, there was a complicated patchwork of pricing schemes. Savings from reforming that system would likely be sizable, he added, perhaps enough to cover the cuts. Ms. DeAugustine agreed that all potential approaches to reducing drug costs should be explored.	
	Ms. Marte pointed out that drugs were a matter of life and death. Many undocumented residents do currently receive services, she noted. She was concerned about that population.	
	Mr. Butler said he agreed with Ms. Broadus that the subject was under the purview of the JPP. He suggested the motion be amended or expanded to request the JPP to return with recommendations and/or a letter to the Executive Committee within 30 days or before the next Commission meeting. The Executive Committee and/or Commission Co-Chairs could send the recommendations or letter on the Commission's behalf to appropriate authorities in Sacramento, Washington or wherever it might be helpful. The outcome would undescore the urgency of this issue to the Commission. Naturally, the JPP would bring other	**MOTION #4:** Direct the Joint Public Policy Committee to organize, at the least, a communication campaign with the State budget Assembly and Senate to make them aware of the impact of the new proposed ADAP co-pays ***(Passed: 25 Ayes, 1 Opposed, 3 Abstentions).***

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	issues to the Commission as they arose. Mr. Ballesteros said that, while it was a policy issue, it was important to bring so critical a matter to the highest level of consciousness for all. Ms. Broadus emphasized this was not the sole issue. She asked that, in heightening awareness, all issues of care and treatment for those infected and affected be kept in mind. She then called the question.	
• Title II Funding Formula	Ms. Pierce-Hedge continued with information regarding the Title II formula, especially in regards to questions raised at the last Commission meeting. She said her staff looked at the process in place since 1997 and found the formula viable. The formula would go out again, she said, when the Federal funding became available. Los Angeles was receiving about one-third of the funding, she added.	
	The Title II Application had been submitted, she stated. The application was accompanied by selected aspects of the three-year strategic plan that was developed by the advisors and the consumer group. In order to meet the HRSA application deadline, she noted, staff took those aspects needed for the application. More time would be needed, she added, to move the full strategic plan report through the department's process. As was mentioned earlier by Mr. Freehill, she said, the Federal budget had not as yet been released. When it was, she continued, there would be further opportunities for public comment.	
	She noted that Jim Zuber had been hired as the new Community-Based Care Program Manager. He was to start that day, replacing Jan Vick.	
	Notification had been sent out of unexpended funding available for both the Community-Based Care and Diagnostic Assay Programs. That would permit redistribution of those funds. Rapid testing with the WAVE test was in effect, she said. Some State regulations were still being developed, she noted, but it still was positive.	
	She noted the application for the HIV Latino Advisory Board in the packet. She said the State sought to develop a joint care and prevention advisory board to assist with recommendations related to that community.	
	She noted that, in addition to waiting for Federal and State budget determinations, changes to MediCal could also significantly affect providers. For example, there was a significant cut proposed under MediCal that would have severely affected providers. Now it appeared to be off the table. However, once MediCal was finalized, State staff would need to carefully analyze it to determine its impact on services.	
	The latest information regarding HOPWA was that the Federal government was likely to cut the allocation by $38,000 due to a shift in data. There have been extensive cuts nationally, she noted.	

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	She said there was one positive development through joint work with the Department of Housing and Community Development. The joint approach resulted from a mandate from the Governor for joint efforts. A plan to maximize funding streams had been formed working with both departments and the Federal government. That could well result in more funds being available, she said. She commented that they had just had an early intervention conference in Anaheim and that it had gone quite well.	
	She pointed out that a few drug-related issues should be kept in mind. There was a large General Fund obligation for ADAP. There were also millions of dollars from the Rebate Program. In the past, that obligation had been 10% of rebates, but it has been raised to 13%. It should also be noted, she said, that new cancer or AIDS drugs automatically go onto the MediCal formulary. Since ADAP is not an entitlement program, she said, a budget neutrality study had to be done before a drug could be added to the ADAP formulary.	
	Mr. Jacobs asked what talking points or strategies Ms. Pierce-Hedge thought would be effective in advocacy. He also asked how the increases and raises received by the Department of Corrections might be used as lessons in that regard. On another point, he asked what approaches were being used by those Planning Councils considering use of Title I funds to supplement ADAP.	
	Ms. Pierce-Hedge said that in advocacy she felt putting people with members, regardless of venue, was the most important aspect. People need to see a face. She reminded all that the issues were before the members right now and would be until the budget was final. She added that it was important to be aware of the overall picture. For example, it was easier for care to show outcomes from funds spent than it was for prevention, yet both are important.	
	Regarding use of Title I funds for ADAP, Ms. Pierce-Hedge said it was permissible. Some states have done that. The requests from jurisdictions have been to better profile their clients, especially regarding income, and what would be necessary for the Planning Councils to take up some of the slack with Title I funds. The State Office of AIDS routinely assisted in any such requests for information.	
	Mr. Molina asked if rapid testing would be covered by MediCal. Ms. Pierce-Hedge did not know.	
	Mr. Molina commented that Title I funding may need to be stretched in many areas, like compensating for MediCal adjustments, as well as the threat to ADAP. He felt that should be kept in mind during the next	

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	priority-setting period.	
	In regards to the Title II funding formula, Mr. Freehill commented that he was still concerned that AIDS diagnoses older than two years were not counted. Ms. Pierce-Hedge agreed that was true, but noted that it had been put in place in that form to capture the current movement of the epidemic. She said that it was extremely difficult to change that formula until more reliable data was available. In six months or a year, as HIV reporting became fully active, that data would offer new opportunities to improve the formula. Mr. Freehill said his concern was that those with an AIDS diagnosis older than two years were not being counted. Ms. Pierce-Hedge said staff responsible for the formula noted that nothing in it had changed over time.	
	Mr. Haupert said, having served on the CARE Advisory Council for several years, and having listened to Mr. Freehill's interpretation of the formula over those years, had noted significant changes in the formula over time. Ms. Pierce-Hedge said they had reviewed the information that had been sent out from 1997 through 2000 and found none.	
	Mr. Freehill said his key issue was not whether the formula had changed, but the fact that the formula for CARE services failed to count AIDS cases with a diagnosis more than two years old. Ms. Pierce-Hedge replied that it was important, but that everyone they had contacted wanted a lot changed. When it was changed, she said, she expected people would want client level data and HIV reporting.	
	Ms. Broadus said she felt it was important for all to recall those the Commission represented. Title I funds were designated, she stated, as funding of last resort, to assist those with no access to any other system. She said it was important to keep that in mind when speaking with elected officials. She said it was also important to remember that it was not acceptable to sacrifice one service for another. Instead, she advised, the Commission needed to look creatively at how additional funding streams could be introduced to help deliver services. She pointed out that that might include joining with others to advocate for services that were not specific to HIV, but provided aspects of support.	
IX. Public Comment	Alicia Avalos, AIDS Healthcare Foundation, announced that they would be jointly sponsoring a conference with the California Department of Health Services on Assembly Bill 2197. The bill seeks to improve HIV health care by expanding MediCal eligibility to those not yet disabled by AIDS who meet other MediCal qualifications. The purpose of the conference was to assist stakeholders in playing an active role in implementation of the bill. She said flyers were available at the staff table.	

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	Thomas Halstead, Being Alive Board Member and HIV+ since 1998, said the organization now had an Interim Executive Director, Jeff Wilcox. Recruitment of a permanent Executive Director was ongoing. He added that other staff positions had been filled and their budget was stable. He invited those with questions to call Mr. Wilcox at 310.289.2551.	
	Kay Ostberg, Being Alive Board Member, again requested endorsement to the Board of Supervisors by the Commission of the Being Alive Patient Bill of Rights. She noted it had been endorsed by Women Alive and there had been good overall support. She announced that Being Alive was sponsoring a Town Hall Speak-Out on the document Tuesday, February 25th. There would be free parking and free food. Flyers were available at the staff table, she said, as well as a "common questions" sheet about the document and contact information. She thanked Brad Land, Robert Butler, Carrie Broadus and others who had helped with the document and provided support in directing it to the Standards of Care Committee for review. For newer members, Ms. Ostberg also introduced Walt Senterfitt, previous Commission Co-Chair, and noted that he would start heading up work on the Patient Bill of Rights for Being Alive.	
X. HIV Epidemiology Program Report • HIV Reporting	Mr. Bunch, HIV Epi Program Director, said HIV reporting had improved somewhat since his January report. Over 500 cases were reported in January. The current report total was just under 2,000. That was still far below what he had anticipated at this point, he said, but at least numbers were increasing. He felt that numbers were increasing primarily because his staff had improved in their abilities to navigate around reporting obstacles. The obstacles themselves, he said, still needed to be addressed. Of the reports received, he stated, 536 were from Long Beach, 16 were from Pasadena and 1,300 from the remainder of Los Angeles County.	
	He noted that the new quarterly report had been distributed to Commissioners with extras at the staff table. He noted the report was being changed to a semi-annual report with the next one to be released in July. The schedule change was done primarily to improve efficiency. The amount of work now required by HIV reporting made it very difficult to produce the report quarterly. He noted the improvement in time management would support his office's significant work with the data, nor did the epidemic change so rapidly as to require more frequent reports for an accurate picture of it.	
	Ms. DeAugustine added that, as the Commission had directed, she and Mr. Bunch had been developing letters on reporting requirements. One letter was directed to Ryan White CARE Act providers and one was	

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	directed to other providers. The letters were currently in draft form, she said, and should be ready for distribution shortly.	
	Mr. Bunch noted that HIV Epi would also be working closely with the Priorities and Planning (P&P) Committee on the HIV reporting issue. Their first joint meeting would be at the March P&P meeting.	
• Latino MSM Study	Dr.. Bingham said she would first discuss the CDC multi-site study identified on the agenda as the Latino MSM Study. She said its full focus was HIV/AIDS epidemiologic research in African-American and Latino MSM. She noted it was being called the Brothers Hermanos Study. IRB approval was recently received to start data collection.	
	The study was in two phases, she said, qualitative reformative research was the first and the second was an epidemiologic study. The study in Los Angeles County was a collaborative effort among HIV Epi, APLA, Bienestar and The Wall.	
	There were four sites funded nationally, she said, Los Angeles County and New York City were the two Latino sites, Philadelphia and New York City were the two African-American sites. Funding was received for the Los Angeles County site at the end of 2001.	
	It had taken a year to prepare the national protocol for the qualitative phase. Los Angeles County was the first site to receive approval to work with human subjects. Focus groups and interviews with individuals would begin in March. There would be 18 Latino MSM focus groups. There would be youth and adult groups, HIV+ and HIV- groups, and groups in both Spanish and English. There would be up to 30 interviews with members of the Latino MSM community. There would also be systems interviews with outreach workers, governmental workers and others in Los Angeles County to enhance research efficacy.	
	Brothers Hermanos was a four-year study, she noted. The second year of qualitative research was just beginning. The epidemiologic study would begin the following year. That would involve recruitment of over 500 Latino MSM to study HIV prevalence, incidence and behavioral characteristics of that population.	
	The Brothers Hermanos Study reflected the CDC effort to focus on the African-American and Latino MSM populations most affected by the epidemic. The purpose was to develop interventions, she said, that take into account social, cultural and environmental risk factors for HIV.	
	She also introduced two of the study team, Daniel Rivas and Sergio Romero. The first CAB meeting was held last Tuesday, she noted. Anyone interested in participating in the CAB, she indicated, should speak to Mr. Rivas.	

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• National Behavioral Surveillance	Dr. Bingham said the second study, National Behavioral Surveillance, was funded in October 2002 and would begin this year. Los Angeles County was one of about 15 sites nationally that would be studying changes in behavior over time. The CDC has been aware that the international community has effectively studied behavior over time, but U.S. monitoring of HIV risk behaviors in risk groups of interest was poor.	
	She had attended a Prevention Intervention meeting in January, she said, at which it was decided to initiate study of the MSM population this year. Next year the focus would shift to Injection Drug Users (IDUs). The focus for the third year would probably be a group at sexual risk like heterosexuals, possibly combined with the transgender community.	
	The basic methodology, she said, would be similar to the Young Men's Survey. This would include venue-based outreach methods to enroll participants. In addition, respondent-driven sampling (also known as "snowball sampling") would probably be included. That form of sampling was helpful in developing a representative group, she added.	
	She noted that the CDC was approaching this study as a long-term effort to compliment HIV reporting. Blood would be drawn from MSM and IDUs in the first two years to supplement estimates of HIV prevalence and incidence. That activity was similar to Phase III of the Young Men's Survey. For the first year of the MSM study, the age range has been expanded from the Young Men's Survey (15-29) to 18-49.	
	Mr. Hamilton said one of his constituents had asked why the CDC had chosen Philadelphia and New York City to study African-Americans over Los Angeles County. Dr. Bingham said she had had a choice of whether to apply for the African-American or Latino segments of the study. With knowledge of the other applicants, she explained, she had felt the best possibility of being funded was with the Latino community. She added that they hoped they would be able to obtain funding at some point to replicate the study in African-Americans.	
	Mr. Caranto noted that oftentimes people tended to neglect Asian-Pacifc Islanders and Native Americans when referring to men of color. He wondered if those populations would be included at a later time. He also asked if the transgender population would be studied since the CDC definition combined them with MSM.	
	Dr. Bingham replied that it was planned to enroll at least 1,000 men for the National Behavioral Surveillance MSM study. Right now, she continued, the plan was to do some form of quota sampling, for example, 200 Latino men, 200 African-American men, and so on. The goal was to ensure that all races/ethnicities would be represented.	

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	Regarding transgenders, she stated, the CDC did not consider them in the MSM population group. Many people at the January meeting were advocating for some segment of the third year's study to address that population, in addition to heterosexuals at risk.	
	On a related note, she said, Nina Harawa in the Sero-Epidemiology Unit had been funded to continue the HITS study. She would be enrolling people this year to study HIV testing behaviors in female sex workers and in male-to female transgenders. Dr. Bingham added that Project One had also begun and a bathhouse study was just finished. She said she would present those findings to the Commission soon.	
	Ms. Marte asked how study results would be used. Dr. Bingham responded that, as a CDC-funded program, most data ultimately was provided to the CDC where it was compiled with data from other areas in order to report on national trends. Locally, she continued, the HIV Epi Program prepares the HIV Epi Profile, as well as writing articles, providing presentations at scientific conferences, the Commission, the PPC and CHIPTS. Ms. DeAugustine stated that the HIV Epi Program data was also essential to the priority-planning process. She noted how closely Mr. Bunch had worked with the Commission to develop those materials.	
	Ms. Ortega asked if partners of male-to-female transgenders, esp.ecially sex workers, would be included in the third year of the Natiional Behavioral Surveillance study. Dr. Bingham replied that they would. She said they also routinely ask MSM if they have partners who are male-to-female transgenders	
	Mr Jacobs asked Mr. Bunch what strategies were being used to engage and educate private physicians with large HIV practices on the importance of HIV reporting. Mr. Jacobs said some of those physicians had publicly stated they would not comply with HIV reporting because they found the unique identifier system too cumbersome. Yet, their noncompliance would undermine the system.	
	Mr. Bunch said currently they were contacting physicians to request that they report. They preferred to use diplomacy when possible, he said. On the other hand, in 1996 the California Medical Association (CMA) added "Failure to Report or Failure to Report in a Timely Manner" to their citation and fine program. Physicians could be called up for review for what would be deemed "Unprofessional Conduct", a very serious matter, if they choose to continue resisting reporting requirements.	
	On occasion, Mr. Bunch said, he had sent the CMA ruling to physicians and informed them he would pursue the matter if necessary. Ordinarily	

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	that has been enough to get a physician moving. There was a problem under the AIDS case surveillance system in that it had no mandatory laboratory reporting component. Without that, he noted, it was hard to tell whether or not a provider was holding onto cases. Since the HIV reporting system includes mandatory laboratory reporting, the HIV Epi Program would be following up appropriately. The protocol for appealing to the CMA ruling requires three warming letters to be sent within a twelve-month period. If the physician still fails to report, the matter can be forwarded to the CMA.	
	At the same time, the HIV surveillance system that was created demands that providers report all prevalent cases. That was, in fact, a large burden, Mr. Bunch said. His Program's first preference is to help providers meet the requirements. When a provider clearly refuses to participate in the surveillance system, there is recourse to the CMA.	
	Mr. Perry asked if, proportionately, laboratories were reporting more than providers. Mr. Bunch replied he did not have specific figures, but would report on it in March. He noted that, in January, there were about 20,000 laboratory reports compared to about 1,200 HIV case reports. Few reports were received from counseling and testing sites. CARE Act-funded sites also were under-reporting.	
	Mr. Molina asked what OAPP, as the administrative agency, was doing to enforce HIV reporting standards among its contracted providers. Mr. Bunch noted first that contracts becoming effective in March have very specific language regarding the duty to report HIV cases. He said that contract reviews would be monitoring HIV reporting. HIV Epi would also be working closely with OAPP to provide technical assistance to sites experiencing significant reporting problems.	
	Mr. Freehill added that OAPP hoped to have a letter from Dr. Jonathan Fielding that would explain the importance of HIV reporting both from a public health and from a larger systems perspective. Mr. Freehill noted that data was not submitted through OAPP, so OAPP staff was not always aware of HIV reporting compliance problems. He added there were various compliance issues and was often a political problem in requiring contractor compliance. Commission support of OAPP in making compliance consistent would be helpful.	
	Ms. Broadus suggested the Executive Committee consider referring this issue to the Standards of Care (SOC) Committee. After all, she noted, these were guidelines to which providers were supposed to adhere. SOC could consider how to hold contractors accountable. At the same time, she cautioned, the Commission should not slip into the role of	

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	being a policing agency. Mr. Ballesteros and Ms. DeAugustine agreed that the matter stood as referred to the SOC.	
XI. Public Comment	James Boyd said that this was his first Commission meeting, but that he had been a PWA since 1987. Had it not been for the CARE Act, he stated, he would not be alive today. He said his viral load was undetectable and his T-cells had been climbing for the past five years and were now about 800.	
	He said he had seen his AHF physician on Tuesday and had asked about HIV reporting. Though among the largest HIV clinic groups in the area, the physician told him that they were under the impression that HIV reporting was entirely handled by the laboratories to which they sent their blood work. His physician said the laboratories had all the necessary information. Mr. Boyd asked why laboratory reporting was not sufficient, rather than requiring the work of providers. He felt that by focusing on laboratories, data would be more readily, efficiently and accurately available.	
	Mr. Bunch responded that laboratory data was key in tracking prevalence. However, laboratories only received limited data needed to unduplicate cases. Case report forms submitted by providers, on the other hand, were much more complex. The two-sided form included risk data, data on the first HIV test, race/ethnicity and other data critical for planning purposes, he stated. Laboratories in the HIV reporting system acted as a kind of tickler system to advise that a case existed at a specific provider's office, but only the provider had information essential to complete the case report needed for prevention and care planning.	
	Ms. DeAugustine contributed that she had worked with Mr. Bunch in the process of combining Long Beach data with Los Angeles data. She said she knew that the HIV Epi had worked with all HIV health care providers--especially AHF--as one of the largest. Mr. Bunch said he was not sure where the communication breakdown was occurring, expressing some surprise that there were providers within any large organization who did not understand that the health care provider, whether through the individual provider or his/her administrative agency, was responsible for assuring that reporting occurred. Large providers, in particular, maintained information in a database and should not have to be unduly burdened.	
XII. Select Committee on Prevention Planning Report	Ms. Ortega noted that the first portion of PPC meetings was devoted to a colloquia training series. Last month, as part of that series, Dr. Fenrote, California State University, reported on cognitive behavior interventions to reduce HIV risk among active drug users.	

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	An Ad-Hoc Committee had been formed, she said, to address some issues with the Prevention Plan. The Ad-Hoc Committee also formed some working groups within itself. One working group would be conducting a prevention needs assessment. Another working group would be creating a resource inventory and making recommendations for a gaps analysis to be conducted by a consultant.	
	Mr. Mendia continued that some information overlapped with the Commission's. For example, Dr. Bingham would contribute to the colloquia series at the next PPC meeting with an hour-long presentation on the National Behavioral Surveillance study profiled at this meeting.	
	He also announced that the statewide CPG would be meeting on April 29-30 in Redondo Beach. They have been asked, as community members and providers, to participate in that forum to ensure that local efforts are also highlighted there.	
	Gail Sanabria said in her State Office of AIDS Update that the $1.2 million cut to prevention would be focused on the Department of Education. She had said that the rationale was that the Department of Education was State-mandated to reimburse school districts for the cost of providing HIV education. From speaking with people from the State Department of Education, Mr. Mendia was not sure that the State Office of AIDS presumption was accurate and there would be follow-up on the subject. Either way, he thanked contributors to the Commission's discussion of advocacy on funding cuts for their emphasis on the need to consider the many aspects of HIV/AIDS funding, including prevention.	
	Ms. Ortega announced that the Youth Leadership Subcommittee would be sending Ricky Rosales to the Community Planning Leadership Summit in New York City. She said Mark Etzel and David Zucker were nominated for co-chair alternate of UCHAPS quarterly meetings. Mr. Zucker was elected.	
	Mr. Haupert noted that the December PPC Minutes announced a presentation by Dr. Frye for the January meeting on HIV estimates by BRG. He asked if the presentation had taken place and, if so, were materials available. Mr. Mendia said the presentation was done, but the slide presentation was not yet available. He said he would ensure it was provided as soon as possible.	
XIII. Recess	It was agreed by consensus not to take the scheduled recess.	
XII. Standing Committee Reports • *Finance*	Mr. Ma called attention to the expenditure summary reports for the Title I and Title II grants. He noted a separate summary of several agencies that had not submitted complete invoices for the last three months of Title I services. One agency was also listed at the bottom of the Title II	

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	expenditure summary report that had not submitted complete invoices for the last three months.	
	The Finance Committee was working on the Financial Needs Assessment, he said, and they were hoping that they could present it at the March Commission Meeting. Budgeting for the next application would most likely be presented at the April Commission Meeting. The Assessment of the Administrative Mechanism was also near completion, he said. The Committee was finalizing its format and recommendations.	
• *Priorities & Planning*	Mr. Land said there had been a continuation of presentations on the Comprehensive Care Plan throughout the County. Only AltaMed and Bienestar had not yet set up presentations. The presentations had been going well, with considerable interest from participants. Mr. Haupert congratulated the discussion being generated by the presentations. He said he hoped information and suggestions from the discussion was processed back to the Committee so that it could be incorporated into their work.	
	Mr. Haupert also reported to the Commission that the Committee had heard from Cleo Manago of AMASSI about the study that was discussed during public comment at the January Commission Meeting. Mr. Mango provided an oral report. AMASSI was asked to provide written materials that could be distributed and analyzed. As soon as that was received, Mr. Haupert said, it would be distributed.	
	The sequence of events surrounding the AMASSI study presentation raised the question of how such material should be vetted to the Commission balancing time constraints, the amount of potential material and the potential importance of such material developed in the community. The Committee decided to develop an organized policy and procedure that could be utilized by any group to guide and inform them about how to develop presentations and how such presentations would be processed before reaching the Commission or one of its committees.	
• *Recruitment, Diversity and Bylaws*	Mr. Butler announced that there were a new Commissioner. Whitney Engeran was appointed to the Commission February 4th by Supervisorial District #4. The MediCal seat that was recently vacated was being filled by Ruth Davis, but she had not yet been appointed. The other major focus of the Committee he said was in working on its priorities as they related to the Comprehensive Care Plan.	
• *Standards of Care*	Dr. Younai reported that the Committee held a full-day retreat on January 23rd with Diane Burbie as the facilitator. The Committee went through their extensive work plan during the day, she said. Priorities were identified and a timeline for addressing them was developed.	

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	One special issue that would need to be addressed, she said, was development of the Medical Advisory Group. That body would be key in helping to review and update the Standards Of Care. In addition, an approach to the Medical Standards of Care needed to be developed, as well as that of Medical Case Management and Nursing Case Management. The Oral Health Standards Of Care had been developed, but needed to be reviewed and adopted, she noted.	
	She said the Committee also discussed at length how to effectively disseminate the Standards Of Care to both CARE Act providers and generally throughout the County.	
	Mr. West asked if the Committee had addressed the sexual health of clients within the Standards of Care and, if so, how. Mr. Vincent-Jones noted that one category prioritized by the Commission was patient education. That currently fell under the Primary Health Care Core of Serivces. Mr. Ballesteros referred the subject to the Committee for further review	
• *Joint Public Policy*	Mr. Molina reported that there was a special meeting February 4th to complete the work plan and meet with Dave Schwartz to develop an appropriate budget with which to meet work plan goals. The material would be finalized at the regular February 21st meeting, he added.	
	The first task of the work plan would also be addressed at the February 21st meeting, he said. That task was to communicate with elected officials which would support the Commission's charge to develop an approach to ADAP and other funding problems.	
XIII. Co-Chairs' Report	Ms. DeAugustine called attention to the numerous handouts. Several pieces were from HRSA on the Ryan White CARE Act, including the Title I and II Manuals, Training Guide and Planning Council Primer. She told Commissioners that they would find the materials helpful.	
	The Los Angeles County Annual Report was also provided. She emphasized that the work of the Commission had been critical in this EMA's receipt of the highest Title I award of any of the 51 EMAs, which was noted as one of DHS' eight major accomplishments in the report.	
• Committee Assignments	Ms. DeAugustine noted the packet contained a revised Ccommittee assignment list. Committees are reviewed periodically, she noted, to ensure that they have adequate participation. She expected most Commissioners were aware of shifts that affected them, but suggested everyone check the list to be sure of their assignment.	
• Commission Membership Recommendations	She went on to say that there had been a joint meeting of the Commission and PPC Executive Committees the previous week. Its purpose was to discuss the Strategic Plan recommendation to join the two bodies	

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	and, if so, what size such a body should comprise. She reported there were many concerns and questions, as anticipated. Some questions were: who would be a member, how would they be chosen and represent the community, what would be the decision-making process, was it useful to merge. This would be an ongoing process. The first meeting was only an hour long, and was held to lay the groundwork. She said progress would routinely be reported to the Commission.	
• At-Large Elections	Ms. DeAugustine noted that there were two At-Large vacancies on the Executive Committee. Mr. Haupert had vacated one At-Large seat to become P&P Committee Co-Chair, and Mr. Butler had vacated another to become RD&B Committee Co-Chair.	
	She opened nominations for the two positions. She noted that last year the Commission had asked nominees to provide a short written statement and speak to the Commission briefly on their interest in the position. Statements could be forwarded to staff, she said.	
	Mr. Butler nominated Paul Scott. Mr. Scott accepted the nomination. Other nominations would be accepted until the election at the next Commission meeting.	
• Response to OAPP's Board Report	Mr. Ballesteros said survey responses were fewer than expected. He had, however, completed a draft that was distributed for comment. He requested comments be sent to him promptly so that he could distribute the final version to John Schunhoff and the Commission on Monday. Ms. DeAugustine complemented Mr. Ballesteros on all his work. Mr. Engeran asked if comments on other subjects had also been collected. Mr. Ballesteros said all comments would be included.	
• Commission Separation from OAPP	There was no discussion.	
• Ordinance Change	Mr. Ballesteros said a copy of the motion passed by the BOS was in the packet. There was an August 29, 2002 motion that had requested Commission membership review. This motion of January 21, 2003 incorporated review information by changing the two seats representing the Title II fiscal agent and the Office of AIDS Programs and Policy from voting to non-voting seats. Dr. Clavreul favored the ordinance change. She noted that she also felt the non-voting seat nominated by the Director of OAPP should not be the Director.	
• Commission First Quarter Priorities	Mr. Haupert asked if Dr. Garthwaite had responded to the Co-Chairs' letter requesting regular meetings. Ms. DeAugustine said meeting times were being set up with his office. She and Mr. Ballesteros would be using the priority list in the packet as key talking points. She added that Health Deputy meeting dates were also being developed.	

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XIV. Announcements	Mr. Butler announced that the Second District Coalition's Consumer Advocacy and Client Committee would meet monthly on the second Monday at 9 a.m. before the Coalition's main meeting. There was also a 7-8:30 p.m. meeting at MAP in Baldwin Hills, 3701 Stockard, Suite 102. For more information, contact him or Louise Trone at MAP, 323.936.4949.	
	Mr. Hamilton thanked everyone from OAPP and all the individual community organizations for getting the word out about the National Black HIV/AIDS Awareness Day in the City and County of Los Angeles. He said it was extremely successful in educating the community, as well as increasing testing.	
	Mr. Ballesteros announced that the Alianza Latino AIDS Caucus' Medical and Social Services Conference for monolingual Spanish-speaking people would be April 12th. Call him at 323.353.0715 to join the planning committee.	
	Ms. DeAugustine said there would be a forum on rapid testing the following day at St. Anne's. Dione Sikes, State Office of AIDS, would do a presentation on regulations and demonstration projects. There would also be a panel to discuss experience with using rapid testing.	
XIV. Adjournment	Mr. Eastman requested that the meeting be adjourned in memory of Morris Kight, 11/19/19 to 1/20/03, strong activist and advocate for many years. Commissioners stood for a moment of silence in his name.	
	The meeting adjourned at 12:55 p.m.	

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MOTION AND VOTING SUMMARY		
MOTION #1: Approve agenda	***Consensus***	**Motion passes**
MOTION #2: Approve moving vote on January 9, 2003 Minutes to after Recess	***Consensus***	**Motion passes**
MOTION #3: Approve January 9, 2003 Minutes	***Ayes***: Broadus, Butler, Caranto, Corian, Eastman, Hamilton, Haupert, Jacobs, Kaplan, Land, Lewis, Long, Ma, Marte, Mendia, Molina, Ortega, Palomo, Perry, West, White Bear Claws, Younai, Zamudio, Ballesteros, DeAugustine; ***Opposed:*** Clavreul; ***Abstentions:*** Engeran, Freehill, Pierce-Hedge	**Motion passes:** 25 ayes, 1 opposed, 3 abstentions
MOTION #4: Direct the Joint Public policy Committee to organize, at the least, a communication campaign with the State budget Assembly and Senate to make them aware of the impact of the new proposed ADAP co-pays.	***Ayes***: Broadus, Butler, Caranto, Corian, Eastman, Engeran, Hamilton, Haupert, Jacobs, Kaplan, Land, Lewis, Long, Ma, Marte, Mendia, Molina, Palomo, Perry, West, White Bear Claws, Younai, Zamudio, Ballesteros, DeAugustine; ***Opposed***: Clavreul; ***Abstentions***: Freehill, Ortega, Pierce-Hedge	**Motion passes:** 25 ayes, 1 opposed, 3 abstentions